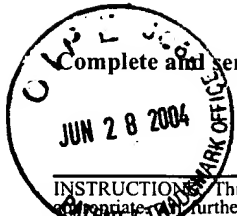


PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

Mail Stop ISSUE FEE
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P.O. Box 1450
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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

31949 7590 04/02/2004

LICATA & TYRRELL P.C.
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Jane Massey Licata 32,257	(Depositor's name)
<i>Jane Massey Licata</i>	(Signature)
June 24, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/595,682	06/16/2000	Mary K. Danks	SJ-0005	1625

TITLE OF INVENTION: COMPOSITIONS AND METHODS FOR SENSITIZING AND INHIBITING GROWTH OF HUMAN TUMOR CELLS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	07/02/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
QIAN, CELINE X	1636	435-456000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **Licata & Tyrrell P.C.**

2 _____

3 _____

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

St. Jude Childrens Research Hospital **Memphis, Tennessee**

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies **2 TWO**

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

Jane Massey Licata
Jane Massey Licata 32,257 **June 24, 2004**

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06/29/2004 SZEWDIE2 00000072 09595682

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